

# CAMPAIGN FINANCE REPORT

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

|  |                 |                        |   |                                   |
|--|-----------------|------------------------|---|-----------------------------------|
| Filer Identification Number  | Report Filed By | CANDIDATE <sup>1</sup> | COMMITTEE <input checked="" type="checkbox"/> | LOBBYIST <input type="checkbox"/> |
| Name of Filing Committee, Candidate or Lobbyist:<br><b>Friends of Diane Morgan</b> |                 |                        |   |                                   |
| Address:<br><b>753 Johns Lane</b>  |                 |                        |   |                                   |
| City:<br><b>Ambler</b>   |                 |                        | State:<br><b>PA</b>                           | Zip Code:<br><b>19002</b>         |

|  |                          |                         |   |                     |                                     |  |
|--|--------------------------|-------------------------|---|---------------------|-------------------------------------|--|
| TYPE OF REPORT<br><br><small>Place X in the right of report type</small> | 8TH TUESDAY PRE-PRIMARY  | 2ND FRIDAY PRE-PRIMARY  | 30 DAY POST PRIMARY   | AMENDMENT REPORT?   | YES                                 | NO                                     |
|  | 6TH TUESDAY PRE-ELECTION | 2ND FRIDAY PRE-ELECTION | 30 DAY POST ELECTION <input checked="" type="checkbox"/>    | TERMINATION REPORT? | YES                                 | NO <input checked="" type="checkbox"/> |
|  | ANNUAL REPORT            | YEAR                    | FILING METHOD <input checked="" type="checkbox"/> CHECK ONE | PAPER               | <input checked="" type="checkbox"/> | DISKETTE                               |

|   |                                   |                 |             |            |            |
|---|-----------------------------------|-----------------|-------------|------------|------------|
| Office Sought by Candidate:<br><b>Controller of Montgomery County</b> | DATE OF ELECTION                  | District Number | Office Code | Party Code | Count Code |
|   | MO. DAY YEAR<br><b>11 06 2007</b> | <b>AL</b>       | <b>OTH</b>  | <b>DEM</b> | <b>46</b>  |

|  |                   |                      |   |
|--|-------------------|----------------------|---|
| Summary of Receipts and Expenditures from:                     | MO. DAY YEAR      | MO. DAY YEAR         | FOR OFFICE USE ONLY   |
|  | <b>10 19 2010</b> | To <b>11 22 2010</b> | OFFICE OF VOTER SERVICES<br>MONTGOMERY COUNTY PA<br>RECEIVED<br>2010 NOV 29 A 11:00 |
| A. Amount Brought Forward From Last Report                     | \$                | <b>14,489.88</b>     |   |
| B. Total Monetary Contributions and Receipts (From Schedule I) | \$                | <b>0</b>             |   |
| C. Total Funds Available (Sum of Lines A and B)                | \$                | <b>14,489.88</b>     |   |
| D. Total Expenditures (From Schedule III)                      | \$                | <b>53.29</b>         |   |
| E. Ending Cash Balance (Subtract Line D from Line C)           | \$                | <b>14,436.59</b>     |   |
| F. Value of In-Kind Contributions Received (From Schedule III) | \$                |                      |   |
| G. Unpaid Debts and Obligations (From Schedule IV)             | \$                |                      |   |

### AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I hereby affirm that this report, including the attached schedules, on paper or computer diskette, are to the best of my knowledge and belief true and complete.

Subscribed before me this 27 day of November 2010

COMMONWEALTH OF PENNSYLVANIA  
SHERON M. CAMPBELL, Notary Public  
Lower Gwynedd Twp., Montgomery County  
My Commission Expires November 21, 2014

*David Morgan*

Signature of Person Submitting Report

**David Morgan**

Printed Name

**215**                      **646-9330**

Area Code                      Daytime Telephone Number

PART II - If this is a report of a Candidate's Authorized Committee, candidate shall sign here.

I hereby affirm that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 1, 1937, as amended.

Subscribed before me this 27 day of November 2010

COMMONWEALTH OF PENNSYLVANIA  
SHERON M. CAMPBELL, Notary Public  
Lower Gwynedd Twp., Montgomery County  
My Commission Expires November 21, 2014

*Diane B. Morgan*

Signature of Candidate

**Diane B. Morgan**

Printed Name

**610**                      **278-3072**

Area Code                      Daytime Telephone Number

SCHEDULE III  
STATEMENT OF EXPENDITURES

|   |   |
|---|---|
| Name of Filing Committee or Candidate<br><b>Friends of Diane Morgan</b> | Reporting Period<br>From <u>10/19/2010</u> To <u>11/22/2010</u> |
|---|---|

| To Whom Paid                      | MO.         | DAY   | YEAR | Amount   |
|-----------------------------------|-------------|---|------|--|
| David Morgan                      | 11          | 19  | 2010 | \$ 53.29   |
| Mailing Address<br>753 Johns Lane |             | Description of Expenditure<br>Petty Cash - Notary \$5.00, Postage |      |  |
| City<br>Ambler                    | State<br>PA | Zip Code (Plus 4)<br>19002-                                       |      | \$1.83, Now Mtg Materials \$19.28<br>BUS Mtg Lunch 27.18 |
| To Whom Paid                      | MO.         | DAY   | YEAR | Amount   |
|                                   |             |   |      | \$   |
| Mailing Address                   |             | Description of Expenditure  |      |  |
| City                              | State       | Zip Code (Plus 4)   |      |  |
|                                   |             | -   |      |  |
| To Whom Paid                      | MO.         | DAY   | YEAR | Amount   |
|                                   |             |   |      | \$   |
| Mailing Address                   |             | Description of Expenditure  |      |  |
| City                              | State       | Zip Code (Plus 4)   |      |  |
|                                   |             | -   |      |  |
| To Whom Paid                      | MO.         | DAY   | YEAR | Amount   |
|                                   |             |   |      | \$   |
| Mailing Address                   |             | Description of Expenditure  |      |  |
| City                              | State       | Zip Code (Plus 4)   |      |  |
|                                   |             | -   |      |  |
| To Whom Paid                      | MO.         | DAY   | YEAR | Amount   |
|                                   |             |   |      | \$   |
| Mailing Address                   |             | Description of Expenditure  |      |  |
| City                              | State       | Zip Code (Plus 4)   |      |  |
|                                   |             | -   |      |  |
| To Whom Paid                      | MO.         | DAY   | YEAR | Amount   |
|                                   |             |   |      | \$   |
| Mailing Address                   |             | Description of Expenditure  |      |  |
| City                              | State       | Zip Code (Plus 4)   |      |  |
|                                   |             | -   |      |  |
| To Whom Paid                      | MO.         | DAY   | YEAR | Amount   |
|                                   |             |   |      | \$   |
| Mailing Address                   |             | Description of Expenditure  |      |  |
| City                              | State       | Zip Code (Plus 4)   |      |  |
|                                   |             | -   |      |  |
| To Whom Paid                      | MO.         | DAY   | YEAR | Amount   |
|                                   |             |   |      | \$   |
| Mailing Address                   |             | Description of Expenditure  |      |  |
| City                              | State       | Zip Code (Plus 4)   |      |  |
|                                   |             | -   |      |  |

**PAGE TOTAL**  
**\$ 53.29**

Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.